

Instructor Application and Qualifications

NAME:		TELEPHONE NO.: () -	
ADDRESS:			
E-MAIL:			
DESCRIBE THE QUALIFICATIONS OF THE INSTRUCTOR BELOW			
EDUCATION			
CREDENTIALLED INSTRUCTOR IN COURSE AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		COURSE OF STUDY:	
SCHOOL/COLLEGE/UNIVERSITY:		DEGREE RECEIVED:	YEAR RECEIVED:
EQUIVALENT EXPERIENCE			
LIST TRAINING ACTIVITIES COMPLETED IN SUBJECT MATTER:			
LIST ACTIVITIES YOU HAVE INSTRUCTED ON THE SUBJECT MATTER:			
ARE YOU A LICENSED PEST CONTROL OPERATOR? IF YES, LIST STATE LICENSED IN. <input type="checkbox"/> YES <input type="checkbox"/> NO			
DID YOU AUTHOR THE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LIST EMPLOYMENT FOR THE LAST THREE YEARS:			
Reference: Name: _____		Address: _____	
Reference : Name: _____		Phone: _____	
The information on this application is required pursuant to NAC 555.290 and is maintained by the Nevada Department of Agriculture, 2300 McLeod St, Las Vegas, Nevada 89104. All information requested on this application is mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete.			
SIGNATURE		DATE	